

## SAMPLE APPROVED PROTOCOLS

### EMERGENCY MEDICAL CARE OF SEVERE ALLERGIC REACTIONS (FOR PROVIDERS WITHOUT AN APPROVED EPINEPHRINE PLAN)

PROVIDER NAME: \_\_\_\_\_ PROVIDER NO. 60 \_\_\_\_\_

This protocol may be used by properly trained and licensed EMTs who are certified in the treatment of anaphylactic shock. EMTs-basic must obtain a direct voice order from the medical control physician in all cases **prior** to administration of epinephrine.

- I. PATIENT PRESCRIBED EPINEPHRINE AUTO-INJECTOR - Patient has come in contact with substance that caused past severe allergic reaction and complains of respiratory distress and/or exhibits signs and symptoms of shock (hypoperfusion):
  - A. Perform initial assessment
  - B. Obtain patient history and perform physical exam
    1. History of allergies?
    2. What was patient exposed to and how exposed?
    3. Effects and progression?
    4. Interventions (previous injection)?
  - C. Assess baseline vital signs and SAMPLE history
  - D. Administer oxygen (if not already done during initial assessment)
  - E. Determine if patient has prescribed preloaded epinephrine auto-injector available
  - F. Contact medical control for authorization to assist with administration of patient's medication - report findings including any possible contraindications
  - G. Obtain voice authorization for injection, including dosage; repeat order back to physician
  - H. Verify patient's own medication, medication has not expired, is clear and not discolored
  - I. Describe procedure to patient and obtain consent (if possible)
  - J. If authorization granted, facilitate administration of medication and dispose of injector properly, or;  
**If authorization not granted, continue with assessment, care and transport**
  - K. Record actions and reassess patient in two minutes
  - L. Transport immediately
  - M. Dose may be repeated in 20 minutes (10 minutes if conditions appear to be life-threatening) with physician authorization
- II. Patient has contact with substance that causes allergic reactions without signs of respiratory distress or shock (hypoperfusion):
  - A. Continue with focused assessment
  - B. A patient not wheezing and/or without signs of respiratory compromise or hypotension **should not** receive epinephrine
  - C. Transport, perform ongoing assessment and record actions
  - D. Report any changes to medical control

III. Dosage

Adults: (>60 pounds) 0.3 mg epinephrine 1:1000 IM (one Epipen Adult)

Children: (<60 pounds) 0.15 mg epinephrine 1:2000 IM (one Epipen Junior)

Approved by: \_\_\_\_\_

Medical Director (Print)

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Medical Director (Signature)

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Date